

## TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 04-SEP-2012		TIME 03:40:00		2. ADDRESS OF OCCURRENCE 2 E 74TH ST CHICAGO, IL 60619		3. LOCATION CODE 259		4. BEAT/OCCUR 0323		
MEMBER INVOLVED	5. POSITION 9161	6. LAST NAME EARNEST	7. FIRST NAME EVONA C	8. STAR NO. 2743	9. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE [REDACTED]	12. HT. 506	13. WT. 116	
	14. DATE OF APPT 28-APR-2003	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 003 0322R	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
SUBJECT INFORMATION	20. LAST NAME ROBINSON	21. FIRST NAME GLENN	22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. O.D.B. [REDACTED]	26. HT. 602	27. WT. 205		
	28. ADDRESS [REDACTED]	29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED/FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]		34. BY WHOM? [REDACTED]		35. CONDITION <input checked="" type="checkbox"/> 01 Hospitalized <input type="checkbox"/> 02 Apparently Normal <input type="checkbox"/> 03 Not Hospitalized <input type="checkbox"/> 04 Under Influence <input type="checkbox"/> 05 Refused Medical Attn					
	36. CHARGES PLACED [REDACTED]		37. CB NO. 18487818		38. DNA <input type="checkbox"/> DNA					
REASON FOR USE OF FORCE (Check all that apply)	39. SUBJECT'S ACTIONS		40. MEMBER'S RESPONSE		41. ASSAULT: ASSAULT		42. ASSAULT: BATTERY		43. ASSAULT: DEADLY FORCE	
	DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (HEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input checked="" type="checkbox"/> OTHER _____	
WEAPON DISCHARGE INCIDENT	44. MEMBER'S RESPONSE		45. OPEN HAND STRIKE		46. ELBOW STRIKE		47. KNEE STRIKE		48. FIREARM	
	MEMBER PRESENCE <input type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/> OTHER _____		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> GANNIE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____		OTHER _____	
	49. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]		50. ADDITIONAL INFORMATION FIREARM		51. POSITION [REDACTED]		52. STAR NO. [REDACTED]		53. UNIT [REDACTED]	
	54. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		55. 04 SEMI-AUTO PISTOL <input checked="" type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER <input type="checkbox"/>		56. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		57. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		58. WEATHER CONDITIONS CLEAR	
CASE INFO.	59. MAKE/MANUFACTURER F.I. INDUSTRIES (FORMERLY) - US - (BERETTA USA CORP. BRONCO)		60. MODEL 8000D		61. BARREL LENGTH 3.6		62. CALIBER/GAUGE 9 MM			
	63. TASER DART ID NO [REDACTED]		64. WEAPON SERIAL NO. (Include Letters) 093701MC		65. CHICAGO GUN REG. NO. 31776		66. IL FIREARM OWNER ID. NO. [REDACTED]		67. HANDGUN CERTIFICATE NO. [REDACTED]	
	68. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		69. PROPERTY INVENTORY NO. [REDACTED]		70. TYPE OF AMMUNITION USED Department Issued		71. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		72. TOTAL NO. OF SHOTS MEMBER FIRED 9	
	73. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		74. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		75. NO. OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]		76. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WA/ST) <input type="checkbox"/> 02 LT. SIDE (WA/ST) <input type="checkbox"/> 03 OTHER (Specify)		77. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	
SIGNATURES	78. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		79. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		80. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC.) AUTO		81. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input checked="" type="checkbox"/> 04 OVER 15 FT.		82. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input checked="" type="checkbox"/> 04 UNKNOWN	
	83. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		84. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		85. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV.		86. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		87. 73 EVENT NO. 1224801975	
	88. REPORTING MEMBER (Print Name) EARNEST, EVONA C		89. STAR/EMPLOYEE NO. 2743		90. SIGNATURE [REDACTED]		91. DATE REVIEWED 04-SEP-2012 10:08:21		92. TIME [REDACTED]	
	93. REVIEWING SUPERVISOR (Print Name) ERBACHER, KYLE J		94. STAR NO. 2502		95. SIGNATURE [REDACTED]		96. DATE REVIEWED 04-SEP-2012 10:36:23		97. TIME [REDACTED]	

LOG # 1056803

Attachment # 21

# WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

76. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Offender in surgery at Christ hospital for gun shot wounds sustained during incident.

75. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

It is the preliminary determination of the undersigned based on the facts available at this time that Officer Earnest acted in compliance with department policy in that Officer Earnest fired her weapon at the offender after the offender pointed and fired a firearm at Officer Earnest.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO 1056803 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

JOHNSON, EDDIE T

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

04-SEP-2012 10:48:47

79. DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.Q.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR'S THIS EVENT No

5

LOG # 1056803

Attachment # 21